

REQUEST FOR PAID LEAVE OF ABSENCE

CITY OF DULUTH, MINNESOTA

DEPARTMENT OF _____

This form is to be used by all employees requesting paid leave time.

NAME: _____

DIVISION: _____

TYPE OF REQUEST: ☐ Vacation ☐ Comp Used

☐ Other; circle one:

Jury Military Funeral Personal Leave Sick

DATE(S) OF ABSENCE: _____

REASON FOR ABSENCE: _____

APPROVED BY SUPERVISOR: _____ DATE: _____